				_	
Fill	in this information to ident	ify your case:			
Un	ited States Bankruptcy Court	for the:			
DIS	STRICT OF OREGON				
Ca	se number (if known)		Chapter 12		
				☐ Check if this an amended filing	
<u> </u>	··				
	<u>ficial Form 201</u> oluntarv Petiti	on for Non-Individua	ls Filing for Bank	ruptcv 06/22	
lf m	ore space is needed, attach	a separate sheet to this form. On the top a separate document, <i>Instructions for Ba</i>	o of any additional pages, write the	debtor's name and the case number (if	
1.	Debtor's name	Alma Holdings LLC			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names				
3.	Debtor's federal Employer Identification Number (EIN)	27-2464054			
4.	Debtor's address	Principal place of business	Mailing addres business	ss, if different from principal place of	
		39391 SE Lusted Rd			
		Sandy, OR 97055  Number, Street, City, State & ZIP Code	P.O. Box, Num	ber, Street, City, State & ZIP Code	
		Clackamas	Location of pr	incipal assets, if different from principal	
		County	place of busin	ess	
			Number, Street	t, City, State & ZIP Code	•
5.	Debtor's website (URL)				
		_			
6.	Type of debtor	<ul><li>☑ Corporation (including Limited Liabilit</li><li>☐ Partnership (excluding LLP)</li></ul>	y Company (LLC) and Limited Liabilit	y Partnership (LLP))	
		Other. Specify:			

List all cases. If more than 1, attach a separate list

Debtor William Mark Tosheff, II

Relationship

Managing Member of Debtor

Debte	or Alma Holdings LLC	Case number (if known)							
	Name								
			District	Oregon	When	9/11/23	Case number, if known	23-32043-pcm13	
11.	Why is the case filed in this district?	⊠ De pre	ceding the	nd its domicile, princi date of this petition	or for a longer par	t of such 180 day	assets in this district for 180 da s than in any other district. artnership is pending in this dis		
12.	Does the debtor own or have possession of any real property or personal property that needs immediate attention?	⊠ No □ Yes.	Why does ☐ It pose	s the property need	immediate atten	tion? (Check all	Attach additional sheets if need that apply.)  able hazard to public health or second		
			☐ It inclu		s or assets that co	ould quickly deter	er. iorate or lose value without atte related assets or other options)		
			Where is	the property?					
					Number, Street,	City, State & ZIP	Code		
			□ No	perty insured?					
				Insurance agency					
				Contact name					
				Phone					
	Statistical and admin	istrative in	formation						
13.	Debtor's estimation of available funds	<ul> <li>Check one:</li> <li>☑ Funds will be available for distribution to unsecured creditors.</li> <li>☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.</li> </ul>							
14.	Estimated number of creditors	<ul><li>□ 1-49</li><li>□ 50-99</li><li>□ 100-19</li><li>□ 200-99</li></ul>			☐ 1,000-5,0 ☐ 5001-10, ☐ 10,001-2	000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,0		
15.	Estimated Assets	\$100,0	50,000 01 - \$100,0 001 - \$500, 001 - \$1 mi	000	\$10,000, \$50,000,	01 - \$10 million 001 - \$50 million 001 - \$100 million ,001 - \$500 million	n	- \$10 billion 01 - \$50 billion	
16.	Estimated liabilities	□ \$100,0	50,000 001 - \$100, 001 - \$500, 001 - \$1 mil	000	□ \$10,000,0 □ \$50,000,0	01 - \$10 million 001 - \$50 millior 001 - \$100 million ,001 - \$500 millio	n □ \$10,000,000,00	- \$10 billion 1 - \$50 billion	

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Alma Holdings LLC Case number (if known)

Request for	Relief.	Declaration.	and	Signatures

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## 17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 30, 2024

MM / DD / YYYY

X /s/ William Tosheff	_ William Tosheff
Signature of authorized representative of debtor	Printed name
Title Managing Member	

## 18. Signature of attorney

X	/s/ Keith Y Boyd		Date January 30, 2024	
	Signature of attorney for debtor		MM / DD / YYYY	
	Keith Y Boyd 760701			
	Printed name			
	Keith Y. Boyd, PC			_
	Firm name			
	724 S Central Ave 106			
	Medford, OR 97501			
	Number, Street, City, State & ZIP Code			
	Contact phone	Email address	keith@boydlegal.net	_

Bar number and State

760701 OR